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FACSIMILE TRANSMITTAL

TO: Examiner Vanderpuye
COMPANY: U.S. Patent and Trademark Office
FAX NO.: 703-872-9314

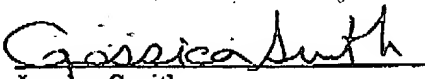
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DATE: January 8, 2003
TOTAL PAGES (incl. cover) 9

Serial No.: 09/324,454
Attorney Docket No.: 139074US

I hereby certify that the following documents are being transmitted via facsimile to the U.S. Patent and Trademark Office on July 24, 2002. Each document is comprised of 1 page unless otherwise specified.

1. Fee Transmittal
2. Amendment (7 pgs)


Jessica Smith

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PTO/SB/17 (11-01)

Approved for use through 10/31/2002. OMB 0851-0032
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FEE TRANSMITTAL
for FY 2002

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **336.00****Complete if Known**

Application Number	09/324,454
Filing Date	06/02/1999
First Named Inventor	Pierre A. Humblot
Examiner Name	Kenneth N. Vanderpuye
Group Art Unit	2661
Attorney Docket No.	139074

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number: 50-0838

Deposit Account Name: Alcatel USA

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity | Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$) **336.00****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	7	3** = 4	84.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	
103 18	203 9			Claims in excess of 20
102 84	202 42			Independent claims in excess of 3
104 280	204 140			Multiple dependent claim, if not paid
109 84	209 42			** Reissue independent claims over original patent
110 18	210 9			** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) **336.00**

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity | Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 480	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times, number of properties)	
148 740	248 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) **0.00****SUBMITTED BY**

Name (Print/Type) Jessica W. Smith

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39,884

Complete if applicable

Telephone 972-477-9109

Signature

Jessica W. Smith

Date

Jan. 8, 2003

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